



**University of  
Zurich**<sup>UZH</sup>

**Zurich Open Repository and  
Archive**

University of Zurich  
University Library  
Strickhofstrasse 39  
CH-8057 Zurich  
[www.zora.uzh.ch](http://www.zora.uzh.ch)

---

Year: 2011

---

## **Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)**

Bull, Fiona ; Milton, Karen ; Kahlmeier, Sonja

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-152007>

Published Research Report

Published Version

Originally published at:

Bull, Fiona; Milton, Karen; Kahlmeier, Sonja (2011). Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT). Copenhagen: World Health Organization, Regional Office for Europe.

# **Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)**



## ABSTRACT

The promotion of physical activity across the life course requires a multifaceted response across multiple sectors. Country level action on policy implementation is of great interest and there is much to be learnt from sharing information and experience about what policy levers can be used and how to engage and implement action plans across multiple sectors.

This HEPA Policy Audit Tool (PAT) provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity. It is structured around a set of 17 key attributes identified as essential for successful implementation of a population-wide approach to the promotion of physical activity across the life course. Completing the tool can foster collaboration between different government departments and other organizations interested in HEPA. It can provide a catalyst for greater communication and joint strategic planning and actions and foster improved collaboration across sectors for future policy development and implementation.

## Keywords

HEALTH PROMOTION  
HEALTH PLANNING  
PHYSICAL FITNESS  
EXERCISE  
HEALTH POLICY  
HEALTH SURVEYS  
EVALUATION STUDIES  
QUESTIONNAIRES

Recommended citation:

Bull FC, Milton K, Kahlmeier S. Health-enhancing physical activity (HEPA) policy audit tool. Copenhagen, WHO Regional Office for Europe, 2011.

Address requests about publications of the WHO Regional Office for Europe to:

Publications  
WHO Regional Office for Europe  
Scherfigsvej 8  
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the WHO/Europe web site at <http://www.euro.who.int/pubrequest>.

## © World Health Organization 2011

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

# **Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)**

Professor Fiona Bull

The University of Western Australia &  
Loughborough University, United Kingdom

Ms Karen Milton

Loughborough University, United Kingdom

Dr Sonja Kahlmeier

University of Zurich, Switzerland

## Introduction

Physical inactivity has been identified as one of the leading risk factors for global mortality and is associated with many non communicable diseases (NCDs) such as coronary heart disease, stroke, cancers, diabetes and obesity (1, 2). In addition, regular activity is associated with positive mental health, healthy growth and development in young people and healthy aging (1, 2). The promotion and support of physical activity across the life course requires a multifaceted response across multiple sectors. Whilst there are many health benefits to leading an active lifestyle, many of the determinants of the opportunities and support for physical activity lie in sectors outside of health and require these sectors to be fully engaged (2, 3). This includes education, transport, urban design and planning, sport and recreation, social services, as well as the health system working together to implement systems, policies and programs that support opportunities and reduce barriers to being active through transport, recreation and sport, at work and in and around our local neighbourhoods.

National policy and its implementation has been a key area for development since the launch of the WHO Global Strategy for Diet, Physical Activity and Health in 2004 and the subsequent WHO NCD Action Plan 2008-2013 (2,4). Formulating a national policy on health-enhancing physical activity will give support, coherence and visibility at the political level, and at the same time make it possible for the institutions involved, such as national government sectors, regions or local authorities, stakeholders and the private sector, to be coherent and consistent by following common objectives and strategies as well as to negotiate and to assign roles and responsibilities. It also fosters greater allocation of resources and accountability. Therefore, country level action on policy implementation is of great interest and there is much to be learnt from sharing more information and experience about what policy levers can be used and how to engage and implement action plans across multiple sectors (4).

Several reports have shared experiences from different countries in recent years (6-8). These comparisons have identified key features of country level action and highlighted the similarities and differences between countries and their progress on increasing participation in regular physical activity. This policy audit tool provides a protocol and method for systematically compiling and communicating country level policy responses on physical inactivity in more detail.

## Development process of the HEPA policy audit tool (PAT)

The HEPA policy audit tool is structured around key attributes identified as essential for successful implementation of a population-wide approach to the promotion of physical activity across the life course (2, 3). Using the experience of several previous international comparative studies of physical activity policy, a set of 17 criteria (see Figure 1) were used as an initial framework for the development of an audit tool. Each criterion was developed into the format of a 'question & answer' structure, and grouped around three themes: the *political structure and history* (section A); the *content and development* process of national physical activity policy (section B); and the experience from *implementation* of the policy (section C). The goal was to have a standardized tool to provide a systematic approach to capturing details of relevant HEPA policies.

**Figure 1. Seventeen criteria identified as successful elements for policy approaches to physical activity**

1. Consultative approach in development
2. Evidence based
3. Integration across other sectors and policies
4. National recommendations on physical activity levels
5. National goals and targets
6. Implementation plan with a specified timeframe for implementation
7. Multiple strategies
8. Evaluation
9. Surveillance or health monitoring systems
10. Political commitment
11. On-going funding
12. Leadership and coordination
13. Working in partnership
14. Links between policy and practice
15. Communication Strategy
16. Identity (branding/logo/slogan)
17. Network supporting professionals

Source: Adapted from (2,3,9)

Within the framework of the working group on national approaches to physical activity promotion of HEPA Europe, the European network for HEPA promotion (10), pilot work was undertaken in 2009-2010 by experts from the seven following countries to test the feasibility and applicability of the draft tool: Finland, Italy, the Netherlands, Norway, Portugal, Slovenia and Switzerland. Each of these countries has a different history of public health interest and action on HEPA. A lead person(s) in each country volunteered to lead the work and coordinate country level engagement from multiple sectors.

Following completion of the draft tool by the seven pilot countries, their experiences were reviewed and shared to identify improvements. Through group discussion, the barriers and facilitators to completing the policy audit tool were assessed and areas of ambiguity or potential misinterpretation were identified. Modifications were made, which included the addition of two opening questions to elicit an overview of the countries government structure, a listing of relevant policies that underpin the HEPA policy analyses, re-ordering of questions for ease of completion as well as minor improvements to enhance clarity. These changes were implemented to produce this final HEPA Policy Audit Tool.

### **What the HEPA policy audit tool is for**

The tool is designed to help interested agencies, institutes or other relevant groups working on the promotion of physical activity to assess within their own country the scope for policy actions aimed at promoting and increasing HEPA. Completion of the HEPA policy audit tool

will provide a comprehensive overview of the breadth of current policies related to HEPA and can identify synergies and discrepancies between policy documents as well as possible gaps. It does not, however, provide a quantified assessment or scoring of a national HEPA policy approach. The contents, conclusions and views resulting from the use of the tool are the responsibility of the tool's users and do not reflect those of the WHO.

Experience from extensive pilot-testing showed that the process of completing the tool can foster collaboration between different government departments and other organisations interested in HEPA. It can provide a catalyst for greater communication and joint strategic planning and actions. Specifically, the output of the HEPA audit tool can lead to improved collaboration across sectors for future policy development and implementation.

At the international level, using this standardized methodology also facilitates comparing approaches from different countries and sharing of lessons and experiences, if so wished.

### **Who should complete the HEPA policy audit tool?**

The completion of the tool can be initiated and led by representatives from either the government or non-government sector. It is suggested that a collaborative process is developed as access to information is needed across multiple sectors, agencies and interested partners. Although the primary focus of the HEPA audit tool is national-level policy, it may also be necessary to consider sub-national policies and the implementation at different administrative levels. Involving individuals or agencies with the knowledge of both the breadth and detail of policies at different levels of government and across different sectors is of great advantage.

These issues should be considered when establishing a joint collaboration to undertake the HEPA policy audit, as an experienced working group can facilitate access to relevant materials and share the workload.

Experience from the development and pilot testing has shown that this process can take several months to complete. A specific lead person or representative should be identified to facilitate the process and tasks required to complete the HEPA audit. It is recommended that the initial draft of the completed HEPA audit tool is circulated to a wider audience of relevant stakeholders for comment and input. Such stakeholders may include government departments or organisations as well as nongovernment organisations that have been involved in the development or implementation of HEPA-related policy and programs. Seeking wider input is an important step in the process as it provides the opportunity to identify missing information and involve current or potentially new partners.

### **How to use the HEPA policy audit tool?**

Completion of the tool provides a systematic and comprehensive overview of the policies and key actions in place to support HEPA as well as identifying barriers that potentially hinder progress in promoting and supporting healthy active lifestyles. The process of undertaking this review of policy across multiple sectors (health, sport, transport, education, environment) can build a solid knowledge base from which to identify gaps and opportunities for action and implementation as well as future policy needs.

The process involves not only identifying what policy exists but also how well and where policy implementation is taking place and what can be learnt and shared from the experiences. This information is vital to scaling up national and sub-national commitment and resourcing for physical activity-related programs and policy. Lessons from what has been tried, successes and failures, challenges as well as enablers are very useful to guide future action. The tool also facilitates an overview on funding invested across topics and sectors,

and on evaluation efforts and results. Therefore, it can be used to take stock from and strengthen existing work when preparing for new or updated policy initiatives.

Dissemination of the HEPA policy audit results can be through short reports, more detailed technical reports, conferences and discussion forums at both national and sub-national level and within as well as between sectors. Indeed, the final summary of the national approach to HEPA promotion can promote discussion and be a tool for strategic planning. Other potential interests in carrying out a HEPA policy audit include sharing the lessons internationally and carrying out between country comparisons.

## References

1. U.S. Department of Health and Human Services. *Physical activity guidelines for Americans: be active, healthy and happy!* Washington, U.S. Department of Health and Human Services, 2008.
2. *Global strategy on diet, physical activity and health*. Geneva, World Health Organization, 2004.
3. *Steps to health – A European framework to promote physical activity for health*. Copenhagen: WHO Regional Office for Europe, 2007.
4. *2008-2013 Action plan for the global strategy for the prevention and control of non-communicable diseases*. Geneva, World Health Organization, 2008.
5. *Developing policies to prevent injuries and violence: guidelines for policy makers and planners*. Geneva, World Health Organization, 2006.
6. Bull FC et al. Developments in national physical activity policy: an international review and recommendations towards better practice. *Journal of Science and Medicine in Sport*, Physical Activity Suppl, 2004, 7(1):93-104.
7. Bellet B et al. The rise and fall of Australian physical activity policy 1996 – 2006: a national review framed in an international context. *Australia and New Zealand Health Policy*, 2008, 5:18.
8. Daugbjerg SB et al. Promotion of physical activity in the European region: content analysis of 27 national policy documents. *Journal of Physical Activity and Health*, 2009, 6:805-817.
9. *A guide for population-based approaches to increasing levels of physical activity*. Geneva, World Health Organization, 2007.
10. European network for the promotion of health-enhancing physical activity (HEPA Europe) [web site]. Copenhagen, WHO Regional Office for Europe, no year ([www.euro.who.int/hepa](http://www.euro.who.int/hepa), accessed 10 June 2011).

## Acknowledgements

The development of this product has been supported by the Public Health Service of the Emilia Romagna Region, Italy; the Ministry of Health, Welfare and Sport, the Netherlands; the Swiss Federal Offices for Sport and for Public Health and the Norwegian Directorate of Health.



# Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)

<Insert COUNTRY here>

Draft number:       <X>  
Date:                <insert date>

## **Completed by:**

< insert name(s) >       < organization >

Lead author < insert name>

Contact details <phone> <email>

## Overview of the HEPA PAT

This tool is divided into four sections:

- Section A** aims to capture an overview of the *government structure* and *history* of physical activity policy in your country;
- Section B** is concerned with the *content* of relevant policy and the *development* process of identified HEPA policy;
- Section C** is focused on the experience of *implementation* of the HEPA policy;
- Section D** presents a short summary of the *process undertaken* to complete the HEPA Policy Audit Tool and who was involved in the process

### SECTION A – Background information and context

- |   |
|---|
| 1. Please provide an overview of the <b><i>institutional structure</i></b> in your country. Provide enough detail to assist the reader in understanding the government / organisational system in your country and where physical activity policy and action has previously been addressed. Include details of whether your country has a centralised or federal structure, as well as which level of government is responsible for health, physical activity, sports and recreation. |
|   |

- |   |
|---|
| 2. a. Please provide details (title, publication date, issuing body) of the <b><i>key policy documents</i></b> in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English.<br>In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8. |
|   |

- |   |
|---|
| 2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable. |
|   |

## SECTION B – Content and development of national policy

3. During the **development** of the policies/action plans mentioned in question 2 was a **consultative process** used involving relevant stakeholders? If yes, please list the organizations that have been involved in the development of the policies, and briefly comment on their role and any challenges to engaging other agencies in the development of policy related to physical activity in your country (if known).

4. In the documents introduced in question 2, are there indications of **integration** of physical activity with other related sectors (e.g. with health such as links to obesity strategies, with transport such as links to walking and cycling agendas)? Please provide details and examples.

5. a) Does your country have **national recommendations on physical activity levels**? National recommendations refer to consensus statements on how much activity is required for health benefits. If your country has established recommendations, please state who issued them and what is the recommended level of physical activity. Please also specify any variation in the recommendations on physical activity levels for different population subgroups, for example for children or older adults. Please also state in which document and year these recommendations were announced.
- b) Please state if the national government has endorsed these recommendations, or if recommendations by another nationally recognized body or international institution have been officially adopted.
- c) If your country has no recommendations on physical activity, please state if there are any plans to develop them. If recommendations on physical activity have been issued at sub-national level (e.g. in case of countries with a federal structure), please state so.

6. Does your country have any clear **national goals (targets) and performance indicators** for population prevalence of physical activity for a specific time period i.e. a statement of what level of population change in physical activity is desired across a timeframe?
- If yes, please provide details and specify in which policy document(s) these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

<p>7. Does your country have any other related <b>goals and performance indicators</b> formulated in the policy document(s)? For example, there may be goals for health professionals to screen more patients for physical activity, or for a reduction in car trips. If so, please give examples and indicate the time period for the desired change, if available.</p>

**The next few questions explore the contents of physical activity related action plans and whether your country has a detailed plan of what will be implemented and who has responsibility.**

<p>8. Do the relevant documents (as listed in question 2) have any related <b>action plan(s)</b> which outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones. If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).</p>

<p>9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.</p>			
Kindergarten	<input type="checkbox"/>	Sport and leisure	<input type="checkbox"/>
Primary schools	<input type="checkbox"/>	Transport	<input type="checkbox"/>
High schools	<input type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	Environment	<input type="checkbox"/>
Primary health care	<input type="checkbox"/>	Urban design and planning	<input type="checkbox"/>
Clinical health care (e.g. hospitals)	<input type="checkbox"/>	Other (please specify)	
Workplace	<input type="checkbox"/>		
Senior/ older adult services	<input type="checkbox"/>		

<p>10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.</p>			
Early years	<input type="checkbox"/>	Sedentary/ the most inactive	<input type="checkbox"/>
Children / Young people	<input type="checkbox"/>	People from low socio-economic groups	<input type="checkbox"/>
Older adults	<input type="checkbox"/>	Families	<input type="checkbox"/>
Workforce / employees	<input type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input type="checkbox"/>	General population	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	Other (please specify)	
Clinical populations/ chronic disease patients	<input type="checkbox"/>		

11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.

12. Please comment on how well you think the interventions outlined in the policy documents(s) (question 2) and/or action plan(s) (question 8) reflect current **scientific knowledge on effective interventions**. When working on this question, you may be interested in discussing how well evidence is informing practice.

13. Are there recommendations of how **agencies/ institutions/ stakeholders** should be **working together** to deliver the policy / action plan(s)? This can be through partnerships and/or alliances and within or between sectors.

14. Does your country have a specific plan for the **evaluation** of the policy implementation? If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

15. a. Does your country have an established **surveillance or health monitoring system**, which includes suitable population-based measures of physical activity? If so, for how many years has this surveillance system been in place, who coordinates the system, which target groups are surveyed, which indicators are monitored, and how often? Is this conducted and reported on a regular basis?

15. b. Please comment on the extent to which the national surveillance system in your country provides policy-relevant data and is therefore useful for assessing progress towards national goals (if stated in question 6) and the effectiveness of national policy and implementation.

15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.

16. What evidence is there of current **political commitment** to the physical activity agenda and the development and/or implementation of national policies and action plans? Examples of political commitment might include: the inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events; personal participation in HEPA.

17. Is the **funding** for the delivery and implementation of interventions listed in the policy / action plan(s)? If yes, please provide details of the level of funding commitment, any increases/ decreases, and from what sources (if available).

## Section C – Implementation of the physical activity policy/action plan

This section aims to capture details on the experiences of actually implementing physical activity policies and actions. The “reality” can be very different from the “theory” and it is of interest to learn about the process and impact that national policy has had in terms of what is actually underway to promote physical activity in your country.

18. a. Is there a designated government department, nongovernment group or individual providing overall **stewardship (i.e. a combination of leadership, coordination and advocacy with other sectors)** for HEPA promotion in your country? Does their role include stewardship of the implementation of the policy and/or action plan(s)? If yes, please describe their role.

18 b. If responsibility for the leadership and coordination of the action plan implementation has been delegated outside of government, what is the role of government (if any), and what level of government support is evident towards the implementation of the action plans in your country?

19. Please outline the extent to which the national level policy documents and leadership (if present) guides the implementation of policy and other physical activity promotion actions at a sub-national or local level. When working on this question, you may be interested in discussing whether there is synergy and coherence between these levels of implementation and action.

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?

21. Please provide brief details on up to three examples of interventions which have been successfully implemented following the development of the policy and action plan. Please also give 3 examples of any less successful interventions, as these often provide important lessons.

Successful interventions

1.

2.

3.

Less successful interventions

1.

2.

3.

22. Is there any evaluation of physical activity interventions at the sub-national and/or local level? Please give a general overview of the role of evidence and evaluation of practice undertaken in your country in relation to HEPA promotion.

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity? Please provide details of the communication activities (if any).

<p>24. In your country are the physical activity interventions linked together by the use of any common <b><i>branding/ logo/ slogan?</i></b> Examples of this in other countries include “Agita Sao Paulo” and “Find 30”. If yes, please describe.</p>

<p>25. Does your country have any <b><i>network or communication system linking and/or supporting professionals</i></b> who have an interest in physical activity and/or are working on the promotion of physical activity or related areas? If yes, please describe, providing a web-link and contact person, if available.</p>

The above questions have sought information to capture both the “what” and the “how” of your country’s policy development and implementation around physical activity.

What do you think are the 2 to 3 examples of greatest progress and also what you think have been the 2 to 3 biggest challenges faced by your country in commencing or continuing a national level approach to the promotion of HEPA.

<p>26.a. Please list up to three examples of an area or issue where the greatest progress has been made in your country in recent years.</p>
<p>1.</p>
<p>2.</p>
<p>3.</p>
<p>26.b. Please list up to three areas or issues that remain as more difficult challenges to address.</p>
<p>1.</p>
<p>2.</p>
<p>3.</p>



27. Please use this space to provide any further details which you were not able to provide in other sections of the tool.

## Section D – A summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please outline in brief the process used. This should include details of who initiated the process, who led the process, who was involved and how they were identified or selected as well as the timelines of the consultation process. In addition, please include details of consultation steps that were undertaken and a list of individuals and organisations that were contacted and from whom feedback were received.

Overview of process and timelines

### List of experts who were consulted for input

Contact person	Organisation	Input received